

Qualitative Case Review

Northern Region

Fiscal Year 2002

Preliminary Results

Office of Services Review

July 2002

Executive Summary

- 24 cases were reviewed for the Northern Region Qualitative Case Review conducted in May 2002.
- **All but one case scored in the acceptable range on the Overall Child Status, that's 95.8%, compared to 75% last year. This is an outstanding improvement since last year and meets the exit goal of 85% required in the Milestone Plan.**
- All cases scored on an acceptable level on Safety (100%, compared to 83.3% last year). This is a remarkable result. Other significant improvements were made on Emotional/Behavioral Well-being, Family Functioning and Resourcefulness.
- **The Overall System Performance also improved this year. It went from 50% last year to 58.3% this year.**
- Moreover, almost all the System Performance indicators improved since last year, two stayed the same, and none declined. It is encouraging that most of the core indicators showed major progress: Teaming, Long-term View, Functional Assessment, and Tracking and Adaptation. Child and Family Participation and Successful Transitions also improved significantly. However, none of the core indicators reached the 70% mark set for exit in the Milestone Plan. Plan Implementation is close (66.7%).
- Foster care cases scored slightly higher, on average, than home-based cases.
- Caseworkers with lower caseloads performed better, on average, than workers who carried a large caseload (17 open cases or more). The good news, however, is that there were only 7 workers who had a large caseload and it didn't exceed 20 cases. Only two out of 24 caseworkers were new (less than 12 months work experience). All others have been working for DCFS for more than a year, 18 of them for more than 2 years. This demonstrates an excellent worker retention rate.
- The improvements mentioned above are not spread evenly across the board. In some instances, the progress is outstanding: Some workers are very successful at applying the Practice Model principles in their daily practice, while others are still far behind. When comparing offices, we see that the Logan and Brigham City office performed exceptionally well.

Methodology

The Qualitative Case Review was held the week of May 13-17, 2002. Twenty-four open DCFS cases in the Northern Region were selected and scored. The cases were reviewed by certified reviewers from the Child Welfare Policy and Practice Group (CWPPG), the Office of Services Review (OSR), and the Division of Child and Family Services (DCFS), as well as first time reviewers from DCFS and outside stakeholders. The cases were selected by CWPPG based on a sampling matrix assuring that a representative group of children were reviewed. The sample included children in out-of-home care and families receiving home-based services, such as voluntary and protective supervision and intensive family preservation. Cases were selected to include offices throughout the region.

The information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents, or other guardians, foster parents (when placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. In addition, the child's file, including prior CPS investigations, and other available records were reviewed.

Performance Tables

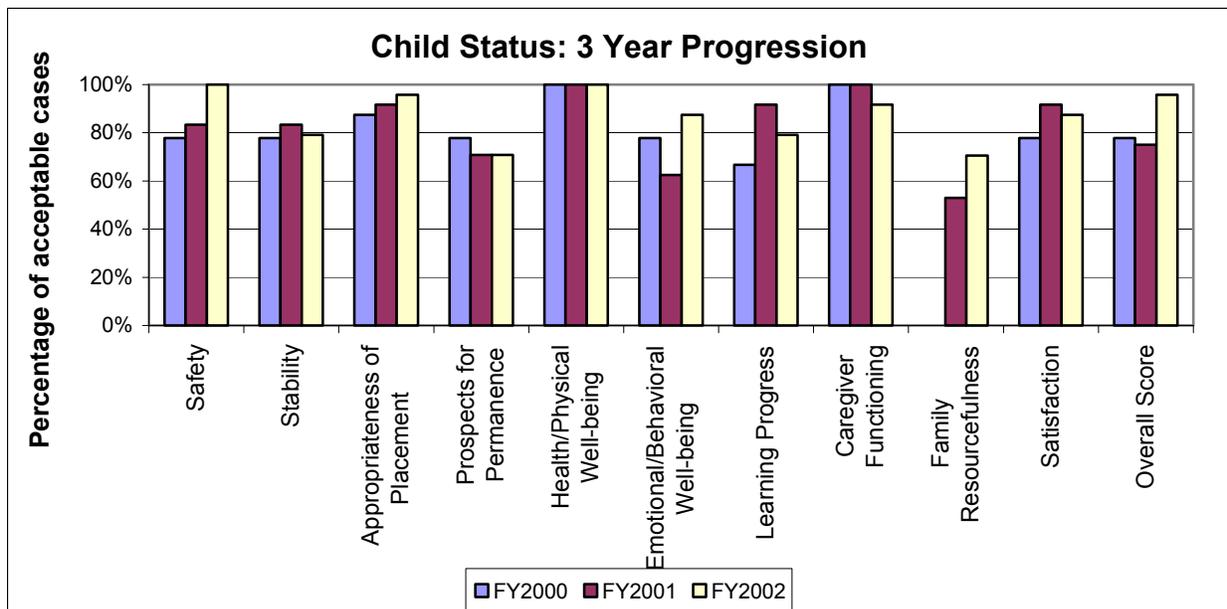
Preliminary data

The results in the following tables are based on the scores provided to OSR at the end of the Northern Region Review. They contain the scores of 24 cases. These results are preliminary only and are subject to change until all reviewers have submitted their case stories.

Northern Child Status

	# of cases	# of cases	# of cases	FY00	FY01	FY02
	Acceptable	Needing Improvement	Exit Criteria 85% on overall score	Baseline Scores		Current Scores
Safety	24	0	100.0%	77.8%	83.3%	100.0%
Stability	19	5	79.2%	77.8%	83.3%	79.2%
Appropriateness of Placement	23	1	95.8%	87.5%	91.7%	95.8%
Prospects for Permanence	17	7	70.8%	77.8%	70.8%	70.8%
Health/Physical Well-being	24	0	100.0%	100.0%	100.0%	100.0%
Emotional/Behavioral Well-being	21	3	87.5%	77.8%	62.5%	87.5%
Learning Progress	19	5	79.2%	66.7%	91.7%	79.2%
Caregiver Functioning	11	1	91.7%	100.0%	100.0%	91.7%
Family Resourcefulness	12	5	70.6%	0.0%	52.9%	70.6%
Satisfaction	21	3	87.5%	77.8%	91.7%	87.5%
Overall Score	23	1	95.8%	77.8%	75.0%	95.8% ¹⁾

1) This score reflects the percent of cases that had an overall acceptable Child Status score. It is not an average of FY02 current scores.



Note: these scores are preliminary and subject to change

Statistical Analysis of Child Status Results:

23 of 24 cases scored in the acceptable range on the Overall Child Status, that's 95.8%, compared to 75% last year. This is an outstanding improvement since last year and meets the exit goal of 85% required in the Milestone Plan.

All cases scored on an acceptable level on Safety (100%, compared to 83.3% last year). This is a remarkable result.

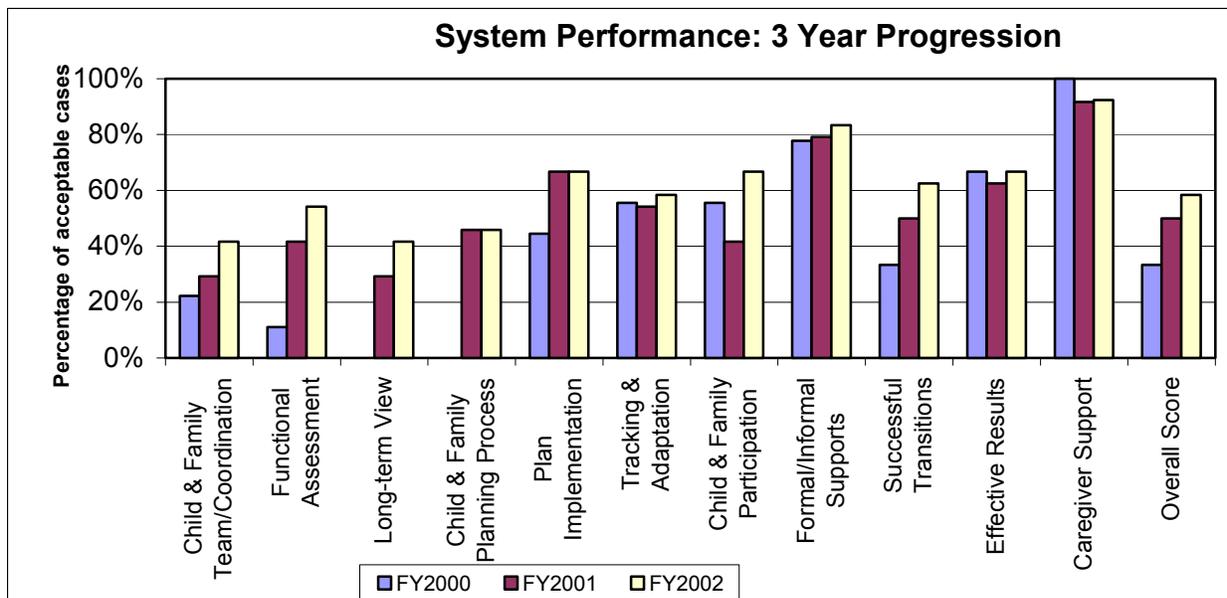
All Child Status indicators came in above 70%, most of them actually in the 80% and 90% range. Among the high scores are Safety, Health/Physical Well-being, Appropriateness of Placement, and Caregiver Functioning, which all scored between 90-100%. Significant improvements were noted on Emotional/Behavioral Well-being, which went from 62.5% last year to 87.5% this year, and Family Functioning and Resourcefulness, which went from 52.3% to 70.6%. Declines were seen on the following indicators: Learning Progress dropped from 91.7% last year to 79.2% this year. Minor declines were noted on Stability (from 83.3% to 79.2%), Satisfaction (from 91.7% to 87.5%), and Caregiver Functioning (from 100% to 91.7%).

Despite these declines, the results are still in within the exit criteria.

Northern System Performance

	# of cases			FY00	FY01	FY02
	# of cases	Needing Exit Criteria 70% on Shaded indicators		Baseline	Current	Current
	Acceptable	Improvement		Scores	Scores	Scores
Child & Family Team/Coordination	10	14	41.7%	22.2%	29.2%	41.7%
Functional Assessment	13	11	54.2%	11.1%	41.7%	54.2%
Long-term View	10	14	41.7%	0.0%	29.2%	41.7%
Child & Family Planning Process	11	13	45.8%	0.0%	45.8%	45.8%
Plan Implementation	16	8	66.7%	44.4%	66.7%	66.7%
Tracking & Adaptation	14	10	58.8%	55.6%	54.2%	58.3%
Child & Family Participation	16	8	66.7%	55.6%	41.7%	66.7%
Formal/Informal Supports	20	4	83.3%	77.8%	79.2%	83.3%
Successful Transitions	15	9	62.5%	33.3%	50.0%	62.5%
Effective Results	16	8	66.7%	66.7%	62.5%	66.7%
Caregiver Support	12	1	92.3%	100.0%	91.7%	92.3%
Overall Score	14	10	58.8%	33.3%	50.0%	58.3%

1) This score reflects the percent of cases that had an overall acceptable System Performance score. It is not an average of FY02 current scores.



Note: these scores are preliminary and subject to change

Statistical Analysis of System Performance Results:

The overall score for System Performance went from 50% last year to 58.3% this year. This is a positive improvement since last year.

Moreover, almost all the System Performance indicators improved since last year, two stayed the same, and none declined. Some of the progress was remarkable: Child and Family Participation, for example, took a leap from 41.7% to 66.7%. It is encouraging that most of the core indicators showed improvements: Teaming and Long-term View both went from 29.2% to 41.7%; Functional Assessment went from 41.7% to 54.2%; and Tracking and Adaptation went from 54.2% to 58.3%. Planning Process stayed the same with 45.8%, so did Plan Implementation with 66.7%. Along with the improvements on Long-term View, Successful Transition also advanced from 50% to 62.5%. Other positive results worth noting include: Caregiver Support – that's support provided by the agency to our substitute caregivers – scored at 92.3%, and Formal and Informal Supports and Services at 83.3%.

None of the core indicators reached the 70% mark set for exit: Plan implementation with 66.7% is one case short of reaching it.

Additional Analysis

If we take a detailed look at the individual scores of each case we can draw some additional conclusions. The improvements mentioned above are not spread evenly across the board. In some instances, the progress is outstanding. For example, of the 14 cases that scored in the acceptable range on System Performance, half of them had an overall score of 5 or 6, which means that they performed on a substantial or even outstanding level. This is a clear indication that the workers understood and applied the Practice Model principles. Among the cases that were rated below acceptable, there were three that had an overall score of 1 or 2. These cases raise some doubts that the caseworker understood the Practice Model principles. This trend is noticeable also on some of the individual indicators: Of the 10 cases that had an acceptable Child and Family Team and Coordination score, seven cases had a score of 5 or 6. This means that teams were functioning and the caseworkers had understood the Practice Model principle of Partnership. On the other hand, if we look at the individual scores for Child and Family Participation, which showed significant progress since last year with 16 cases scoring on an acceptable level, we see that of the remaining eight cases with unacceptable scores five actually had scores of 1 or 2. It seems that in these cases the basic principle of engagement of the family is not implemented, not even partially.

One possible conclusion we draw from this is that some workers have taken a huge leap by successfully applying the Practice Model principles in their daily practice, while others are far behind. This piece of information may be useful to the region's management in targeting their support to the workers and teams still struggling with the new concepts.

ANALYSIS OF DATA

RESULTS BY CASE TYPE

Foster care cases scored higher, than home-based cases. 66.7% of the foster care cases had an acceptable overall System Performance and the average score was 3.8, while only half of the home-based cases passed. The average score was 3.6. On the Child Status side only one case had an unacceptable overall score and it was a foster care case. The average Child Status score was the same in both groups of cases: 4.8.

Case Type	# in sample	# Acceptable	% Acceptable	Average score
System Performance				
Foster Care	12	8	66.7%	3.8
Home-based	12	6	50%	3.6
Child Status				
Foster Care	12	11	91.7%	4.8
Home-based	12	12	100%	4.8

RESULTS BY AGE OF TARGET CHILD

Contrary to the trends in other reviews, the comparison of the scores for cases with older and younger children shows slightly better results in cases with older children, on average. 67% of the cases with teenage children had an acceptable overall System Performance, while 56% of the cases with children under 13 years of age did so. But there were only 6 cases among the 24 cases reviewed that had a target child who was 13 years or older. This is a small number to draw any conclusions from.

	# of cases in sample	Scored acceptable
Cases with target child 0-12 years old	18	10 (56%)
Cases with target child 13+ years old	6	6 (67%)

RESULTS BY CASEWORKER DEMOGRAPHICS

High caseload size seemed, in this review, to have some impact on the results. 65% of the caseworkers with a “manageable” caseload (16 open cases or less) scored on an

acceptable level on System Performance, while only 43% of the workers with a large caseload (more than 17 open cases) scored well. In other words, caseworkers with lower caseloads performed better, on average, than workers who carried a large caseload. However, there were only 7 workers who had a large caseload and none of them had more than 20 cases. That in itself is relatively good news. And it is always important to point out that there were workers with a large caseload who performed well and some caseworkers with small caseloads whose case did not pass.

Of course, caseload size alone is not always a good indication of the actual workload, which can vary depending on the complexity of the case. But since workload is not easy to measure, we have to rely on data about caseload size for comparison.

Caseload Size: # of open cases	Total # of caseworkers reviewed	Scored acceptable on System Performance
16 open cases or less	17	11 (65%)
17 open cases or more	7	3 (43%)

Of the 24 caseworkers who provided information about employment length only two were new workers with less than 12 months work experience. All others have been working for DCFS for more than a year, in fact 18 of them for more than 2 years. This demonstrates an excellent worker retention rate and a lower turnover rate than in most other regions.

Of the two new workers, one had a case that scored on an acceptable level on System Performance, the other didn't. When looking at the results for the remaining workers, it doesn't seem that there are any trends related to the length of work experience. Having worked for DCFS for many years doesn't necessarily lead to passing scores.

RESULTS BY OFFICES

Case#	Office	Overall Child Status	Overall System Performance	Overall System Performance by office
N 12	Bountiful	4	4	1 Acc
N 15	Bountiful	5	3	1 Unacc
				50%
N 23	Brigham City	5	5	2 Acc
N 03	Brigham City	5	5	0 Unacc
				100%
N 06	Clearfield	4	2	2 Acc
N 18	Clearfield	4	3	3 Unacc
N 14	Clearfield	4	4	40%
N 04	Clearfield	6	4	
N 22	Clearfield	5	3	
N 11	Logan	6	5	2 Acc
N 21	Logan	5	5	0 Unacc
				100%
N 05	Ogden	5	5	7 Acc
N 17	Ogden	4	3	6 Unacc
N 20	Ogden	6	4	54%
N 07	Ogden	3	1	
N 08	Ogden	4	3	
N 09	Ogden	5	5	
N 10	Ogden	5	4	
N 01	Ogden	5	4	
N 02	Ogden	6	5	
N 16	Ogden	4	3	
N 13	Ogden	5	4	
N 19	Ogden	5	3	
N 24	Ogden	4	1	

This table displays the overall case results by office. It is worth pointing out that both Logan and Brigham City teams had very good scores on all their cases. The four cases of these offices had overall scores of 5 or above, which is remarkable. Both supervisors of these teams have been reviewers in the past.

The Clearfield team seems to be struggling more than the other offices, with only 2 out of five cases having acceptable system performance scores, and these scores being fours. Of course, all this could be coincidence, since two or even five cases per office is a small sample to base any conclusions on.

Summary of Findings

Based on the information gathered during the case debriefings held during the review week, the content analysis of the case stories, and the stakeholder interviews (see appendix).

As mentioned earlier, the results across the board show an encouraging progress since last year. Most of the core System Performance indicators improved: There is evidence that the Practice Model Principles are being implemented in this region and that caseworkers are having a better grasp of the new practice concepts. The following chapter intends to address the areas where improvements can be made.

Child and Family Team and Coordination

As mentioned earlier, great improvements were made on that indicator. There were several cases where the Practice Model principles were clearly implemented, resulting in well functioning teams and productive team meetings. Some cases were characterized by a large number of services and service providers and the caseworkers managed successfully to bring them all together and provide capable coordination. The partners in these cases made positive reports about the competent use of team meetings. Other examples were seen where the family felt that it was their meeting and that they actively participated in the decision-making. There were also several examples of foster parents working with and being helpful to the birthmother.

The areas that still need improvement were:

- No child and family team meetings held so far in the case.
- Child and family team meeting was held, but some key players were missing.
- Child and family team meeting was held, but without productive outcomes.
- Team members didn't recognize the meeting as a C. and F. team meeting.
- Some resentment by service providers that they weren't invited to the meeting.
- Mother and children were called into the meeting separately, which upset the mother.
- Many services provided and people involved, but not coordinated.
- DWS would like to be more involved.
- School was not involved in the team. In one case child had failing grades and the teacher felt left in the dark about the DCFS case decisions.
- Nobody knows what the therapist is working on.
- Team members don't have team concept.
- Teenage target child not involved in planning, Mother not included.
- Mother needed support of a team, but didn't receive it; she gave up and kids were removed.
- Parents not aware that they had a say in who should be at the meeting.
- Need to build team around the mother.

Child and Family Planning Process:

This area is one of the two that did not improve since last year. Almost a third of the cases had scores in the 1-2 range. There were some examples of good case plans where the parents were extremely satisfied with the range of services provided and stated that “it was their plan”. Other strengths included good transitional planning.

Among the concerns expressed by the reviewers were:

- Many plans are still very generic, boiler-plate, pieces are missing.
- Good assessments, but they were not used to develop the case plan.
- The plan is not current, it has not been adapted to reflect the new situation.
- Parents were not involved in the development of the case plan.
- Plan was done with the mother, but did not include the team members’ concerns.
- Transitions are not addressed.
- Some of the main issues are not addressed, it doesn’t reflect the “big picture”.
- Caseworker was not aware of all the existing services in place for family; the lack of evaluation of existing services before developing the plan lead to a redundancy of services.
- Parents were invited to come to a team meeting where the plan was presented to them.
- Need to incorporate other agencies’ plans.

Functional Assessment

The results on Functional Assessment were quite encouraging with more than half of the cases scoring on an acceptable level. There were several reviewers impressed by the quality of the written document, as well as some ongoing and regularly updated functional assessments they witnessed; other strengths included drawing conclusions from assessments. The areas that still need improvement were:

- Functional Assessment was not developed by the team, nor used by them.
- Functional Assessment didn’t address underlying needs.
- Functional Assessment did not contribute to service planning.
- There was no “big picture” development by the team.
- Mother’s strengths were not acknowledged.
- Family history is missing, underlying causes were not identified.
- Professionals have differing views on the child’s academic abilities; they lack the necessary knowledge about her seizures and medications.
- Mother’s mental health needs were not assessed; she is very isolated and needs a lot of support.

Long-term View

Progress was made on this indicator, but it is still one of the lowest. The availability of formal services and supports in general was acceptable and in some cases even optimal. However, there were a number of cases where the weakness of the case was the lack of informal supports, which usually impacts the long-term view, since most formal supports are temporary. In one case, for example, the family received a large number of formal services, which were coordinated by FACT. With the imminent dissolution of FACT, the financial support from TANF running out soon, the closure of the DCFS case, and an almost total absence of informal supports to fill the gap, this single parent of four children under 6 years had a bleak long-term view.

Other concerns expressed by reviewers included:

- Nobody has a clear idea of where the case is heading.
- No transitional plan to connect family with community supports before closing case. School transitions not addressed.
- Extended family and the church need to be involved since they could provide the support that the family needs and allow DCFS to step out.
- Team never came together to discuss the long-term view for this child; people have different goals.
- Team not involved in the development of the functional assessment and long-term view.
- Case closure needs to be prepared with a child and family team meeting. Assess family's needs for support before closing case.

Other Concerns:

- Reunification cases: There were a few cases where reviewers expressed a need for more advocacy and support for parents working towards reunification. For example in one case the mother was on a waiting list for substance abuse treatment, she lost her job and her home, finally relinquished her parental rights. Maybe a stronger advocate for her would have been able to get the services she needed on time to work towards reunification. In another case a young father who was recently released from prison expected to get his two children back just by showing proof of housing and getting a job, as it was written in the case plan. What he needed was someone to help him understand what he would have to change in his life to become a responsible and reliable parent.
- PSC case: There was a case that exemplified the general confusion around the so-called voluntary cases, which are often limited to "whatever the parent wants". There is a need for a discussion around the meaning of "voluntary" and the strategy to use with resistive parents to get them to agree to participate in the intervention. When parents have been substantiated for abuse or neglect of their children, the term "voluntary" may need to be redefined.

RECOMMENDATIONS

Based on the findings of the case review and stakeholder interviews

- **Child and Family Planning Process:** Help staff understand how to use the child and family team meetings to develop the case plan. Show them how to link the functional assessment to the plan. Improving the “conclusion” part of the functional assessment will help provide the link to the intervention strategies. The plan must be developed with the family, not for the family.
- Staff need help to better understand the concept of Long-term View. Including the discussion on the family’s long-term needs into the functional assessment and making it part of team meetings can prompt the team to start that process. A better assessment of the family’s informal resources to support them once DCFS steps out of their life, is another step in improving long-term view concerns.
- Encourage community partners to actively participate in the child and family team. The decline in the child’s Learning Progress scores, for example, can be addressed by encouraging caseworkers to meet with the child’s teacher and involve him or her in the team discussions.
- Help staff understand how the individual Practice Model principles are linked together, how this is a continuous flow of interventions leading to positive outcomes and not a number of tedious tasks meant to increase their workload.
- Continue on this positive track of implementing the Practice Model Principles. Use the findings of this review and the case stories to target the training around specific areas and particular teams still struggling with some of these new concepts.
- Celebrate successes and commend workers for the positive results of this review.

APPENDIX

APPENDIX 1

Summary of Stakeholder Interviews

Community stakeholders interviewed as part of the review process for the Northern Region in May 2002 included: Representative Paul Ray; Dr. Mark Bigler, Director of Social Work Program at WSU; Cindy Gates, Foster Parent; Stephanie Woolworth, Program Coordinator for Ogden/Weber FACT; Brenda Durtschi, Northern Region Representative for the Foster Care Foundation; Dr. Ken DeHerrera, Child & Youth Outpatient Service Coordinator, Davis Mental Health; John Schoenfeld, Regional Director of DSPD; Estelle Dahlkemper, Executive Director of St. Benedict's Foundation, Ogden; Susan Seiler, Director of Children Services for Bear River Mental Health, Logan; Focus groups with caseworkers and with supervisors were also conducted.

What is Working Well:

- Partners report having seen a lot of improvement in DCFS over the last few years. The collaboration between DCFS and various agencies is working well.
- Richard Anderson's leadership has helped eliminate the adversarial role of the agency and improve communication with management.
- Katy Larsen is approachable, problems get addressed.
- Q.I. committee reports that working with Carol Bauman has led to many positive results.
- FACT coordinator reports that Jeff Harrop knows and understands the Practice Model principles.
- Davis Mental Health reports that closer collaboration between both agencies has lead, among other positive things, to a reduction of duplication of services, more face-to-face meetings, and better communication resulting in better case closure.
- Several partners report that the teaming approach is an improvement.
- Relationship between foster parents and DCFS is more open, communication is better. Foster parents are now part of the team. Foster parents who are participating in child and family team meetings are more satisfied, know what's going on.
- Caseworkers make more home visits.
- The Foster Care Foundation exceeded it's goal and recruited 144 new foster families. Unfortunately, 176 foster families left at the same time.
- The jointly funded DSPD/DCFS caseworker position has worked well for meeting the needs of families involved with both agencies.
- LIC is doing a good job in Davis County and working well with DCFS and DSPD.
- The Q.I. committee in Northern Region is the most active committee.
- Staff report seeing the benefits of the Functional Assessment and Teaming approach.

Improvement Opportunities:

- The budget crisis for DCFS is a major concern. The budget cuts affecting FACT are particularly concerning.

- Resource needs include foster placements, especially to keep sibling groups together, which at present is a major challenge. Foster Care Foundation finds it difficult to recruit foster families in the Ogden area. Another need is for Spanish-speaking DCFS caseworkers and trainers for foster parents. The Office of Licensing has no staff that speaks Spanish, which makes the recruitment of foster parents in the Hispanic community difficult; more FACT and PFP workers and more contract providers for domestic violence and parenting classes.
- Davis Mental Health reports that there are still some issues of confidentiality between DCFS and their therapists. Sharing of information about clients is still a sticky issue. Therapists who make a referral of abuse or neglect feel that they are kept in the dark about the outcome of the investigation.
- A study completed a couple of years ago revealed that the level of burn-out among DCFS staff was high and that they were working under high stress.
- The Weber county community faces many challenges, including poverty, substance abuse, very high rate of out-of-wedlock birth rates, high rate of absenteeism and high school dropouts, parents who lack parenting skills and who don't put much emphasis on their children's school education.
- Meeting the needs of children that are sexual perpetrators is a challenge.
- One interview partner reported seeing barriers to returning children home to their parents once risks have been resolved and that some of the reunification plans were unrealistic and late.
- Caseworker turn-over is still a concern, although some report seeing a decrease (this review actually found a low turn-over rate currently, see page 10).
- The high number of caseworkers per supervisors makes mentoring a challenge.
- The recent legislation that now requires court hearings for substantiation of an allegation puts children at risk and adds to the already substantial backup in the courts.
- A recommendation was made to move the deadline for case plans and assessments back to 45 days.

APPENDIX 2

Exit Conference: Flip chart notes

<i>Strengths</i>	<i>Practice Improvement Opportunities</i>
Teaming	
<ul style="list-style-type: none"> • Examples of bringing in extended family • Majority of cases showing practice of holding child and family team meetings • Enthusiasm among partners for the team meeting process • Foster families taking a strong lead in the meeting, some examples of biological parents too. • Strong presence of DWS on teams • CW is highly seen by family and partners → trusting relationship! • AG more supportive of team 	<ul style="list-style-type: none"> • Opportunity to involve partners, (exp. Schools, service providers, informal supports). Using engagement skills to win their participation, advocacy. • Preparation of family team meetings, information • Outreach to education community partners, and other partners, address confidentiality moving the team meeting at beginning of case • Using the team meeting to create the plan.
Functional Assessment / Child and Family Plan	
<p>Functional Assessment :</p> <ul style="list-style-type: none"> • A lot of efforts in getting written Functional Assessment • Examples of writing conclusions • Analyzing findings, also updating them. • A lot of good information in the record. • Examples of using the team to develop the Functional Assessment. • Caseworker knowing a lot about the family/case • Professionals know a lot about the children + cared a lot for them. <p>Child and Family Plan:</p> <ul style="list-style-type: none"> • See plan adapt to changing circumstances • Most providers have seen the plan • Individualized plans • Driven by the Functional Assessment • There were more things happening in the case than in the plan. 	<ul style="list-style-type: none"> • Getting at underlying needs • There was a good knowledge/ understanding, but the written document wasn't it → what should it look like? • Have a long-term view in mind when doing Functional Assessment • Build case plan on Functional Assessment: It's the path to the plan. • Mentor/support caseworker on how to implement the practice model, use/analyze the information on Functional Assessment + Plan. • Plans to reflect changes in circumstances • Plans to be the family's plans • Size of the caseworker's caseload in some instances was a barrier <ul style="list-style-type: none"> • → Put more efforts in building Functional Teams.

Other strengths:

- Strong relationship between caseworker and family leading to positive outcomes.
- Strong desire from the school to be part of the team → they noticed a positive change in practice
- Good resources, “Bridge” resident providers, Domestic Violence treatment providers, great foster parents.
- Good mentors
- Good engagement skills of caseworker
- Willingness of supervisors + caseworkers to accept suggestions, support of caseworker by supervisors, they have extensive knowledge of case.

Priorities

- ☺ Engagement of families, trusting → teaming
 - ↳ Enable families to take ownership
- ☺ Understanding the flow of the Practice Model, how the individual pieces, such as teaming, engagement, functional assessment, are connected to each other
- ☺ Use the paperwork not as a product, but as a function to achieve outcomes
- ☺ Convey this as a process, not single actions

Priorities of Staff

- ☺ Get courts to understand the practice model principals
- ☺ Communicate with community partners about our expectations + collaboration to achieve the outcomes
- ☺ Finding a way to individualize the work/ plan for families
- ☺ Spend more time preparing and conducting family team meetings
- ☺ Find ways to balance paperwork and casework